STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Services

TRANSPORTATION SERVICES

"Transportation charge" or base allowance (one way or round trip) is an all-inclusive sum which covers the placement and removal of a patient into and out of the vehicle (ambulance or Mobility Assistance Vehicle), at the point of origin and the point of destination.

In addition to the "transportation charge," reimbursable transportation services include a loaded-mileage allowance, oxygen allowance, waiting time allowance (one way only), and extra-crew allowance (MAV service).

Reimbursement for MICU/ALS (Mobile Intensive Care Unit/Advanced Life Support) services will be made on a reasonable cost basis, based upon Medicare principles of reimbursement. There are two components, the MICU component and the transportation component, that must be billed together by the hospital. The transportation component of this service will be billed by the hospital on a reasonable charge basis. When the transportation component is provided by a volunteer ambulance service, there will be no reimbursement by Medicaid for the transportation component.

Reimbursement for transportation provided by medical (clinic) providers who are also approved to provide transportation services is on a fee-for-service basis.

Payment for Part B co-insurance and deductible amounts shall be paid up to the Title XIX maximum allowable (less any third party payments including Medicare amounts).

TN 98-18 NOV 12 1998
Supersedes TN 97-21 JUL 20 1998

STATE PLAN UNDER TITLE XIX of the SOCIAL SECURITY ACT
Reimbursement for Services

Transportation Services:

New Jersey Medicaid will pay for medically related transportation for EPSDT-eligible children with disabilities when the transportation is necessary to obtain Medicaid-covered rehabilitation services included in the child's treatment plan. Payment for medically related transportation services through EPSDT is limited to those days that a child receives a Medicaid-covered service. Payment for medically related transportation services through EPSDT is on a fee-for-service basis. The effective date for day training School-based Medically Related transportation is July 1, 1993.

TN 93-31-A Approval Date FEB 2 1 1996
Supersedes TN New Effective Date JUL - 1 1993

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Services

Transportation Services, Cont.

School-Based Rehabilitation Services associated with Education other than Day Training:

New Jersey Medicaid will pay for medically related transportation for EPSDT eligible children with disabilities when the transportation is necessary to obtain Medicaid covered rehabilitation services included in the child's treatment plan.

Payment for medically related transportation services through EPSDT is limited to those days that a child receives a Medicaid covered service. Payment for medically related transportation services through EPSDT is on a fee-for-service basis.

The effective date for medically related transportation other than that associated with Day Training is September 3, 1993.

TN 93-31(b) Approval Date OCT 24 1996
Supersedes TN New Effective Date SEP -3 1993

OFFICIAL

PERSONAL CARE

Reimbursement for personal care services will be on a fee-for-service basis, differentiated according to the respective training levels of individuals who qualify as personal care assistants. There is a rate for individual patients and a group rate for two to eight persons receiving care in the same residential setting at the same time.

Approval Date JUL. 14 1987

Effective Date JAN. 1 1987

87-7
~~86-15~~-MA (NJ)
supersedes
pg. 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Services

NURSE MIDWIFERY SERVICES

Reimbursement for nurse midwifery services is made on a fee-for-service basis using the HCPCS Procedure code system and is based on payment of seventy (70) percent of the physician's specialist fee for the same procedure.

Reimbursement for nurse midwives that participate as HealthStart providers will be on a fee-for-service basis utilizing the HCPCS codes developed for HealthStart.

Reimbursement for Depo-Provera when used for contraceptive purposes shall be made in the following manner:

> Reimbursement for this Level III HCPCS code is based on the Average Wholesale Price (AWP) of a single dose of Depo-Provera or a physician's acquisition cost, whichever is less, when the drug is administered in a physician's office. The Title XIX maximum fee allowance for this drug will be adjusted periodically by the program to accommodate changes in the market cost.

Payment for Part B co-insurance and deductible shall be paid only up to the Title XIX maximum allowable (less any other third party payments).

REIMBURSEMENT FOR RESIDENTIAL TREATMENT CENTER

Payment for inpatient psychiatric services for individuals under age 21 provided in residential treatment centers accredited by the Joint Commission on Accreditation of Hospitals shall be based on reasonable costs as defined in both the Department of Human Services' Contract Reimbursement Manual and the Contract Policy and Information Manual. These manuals describe the rate setting process which is based on a retrospective reimbursement system.

Payment for inpatient psychiatric services for individuals under 21 provided in State operated residential treatment centers accredited by the Joint Commission on Accreditation of Hospitals shall be based on reasonable costs reported on quarterly cost reports prepared based on a Cost Allocation Plan for administrative costs of the New Jersey Department of Human Services, Division of Youth and Family Services. This Cost Allocation Plan is in accordance with Federal rules and regulations contained in 45 CFR, Part 95 and is approved by the Federal Department of Health and Human Services. After the costs attributable to Title XIX to residential treatment program services have been determined for each quarter for each residential treatment center, these costs will be divided by the total number of days that clients have received services. The resulting reimbursement rate will be used for monthly billings and is based on actual costs incurred.

Clothing will be an allowable service for Medicaid patients residing in residential treatment centers.

Reimbursement for these services shall not exceed federal upper payment limits as defined in 42 CFR 447.325.

TN NJ 90-17 Approval Date AUG 28 1992

Supersedes TN 87-7 Effective Date APR 1 1990

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Methods and Standards for Establishing Payment Rates for Non-Institutional Services

Reimbursement for Hospice Services:

Reimbursement for hospice services is dependent upon satisfaction of federal requirements regarding written certification/recertification of the patient's terminal illness within specified time periods, by licensed physicians (M.D. or D.O.).

The New Jersey Medicaid Program shall reimburse the hospice on a per diem basis according to the following federally established per diem rates: routine home care, continuous home care, inpatient respite care and general inpatient care. The per diem rates are revised annually by the Health Care Financing Administration. The per diem rates include payment for nursing care, physical therapy, occupational therapy, speech-language pathology services, medical social services, homemaker/home health aide services, durable medical equipment and supplies, drugs and biologicals, counseling services and supervisory physician services. For patients who are eligible for both Medicare and Medicaid, the Medicaid program will pay the Medicare co-payment for drugs and biologicals, and for inpatient respite care.

When the patient receives hospice room and board within a nursing facility (NF), payment is made to the hospice, which is responsible for reimbursing the nursing facility. The reimbursement is institutionally specific, computed at 95 per cent of the NF daily rate. The hospice rate is the lesser of the NF rate for the date of service at the time the claim is adjudicated or the NF rate billed by the hospice. Retroactive rate adjustments, retroactive add-ons and special program rates are excluded.

For Medicaid eligibles who reside in a NF, the hospice is reimbursed for either routine home care or continuous home care services in addition to the room and board services mentioned above. The hospice is reimbursed in the same manner for patients who use therapeutic leave days, not to exceed twenty four days in a calendar year.

When hospice patients residing in a NF are admitted to an acute care general hospital, the hospice may be reimbursed at the NF room and board rate in addition to the general inpatient care rate for a period not to exceed ten days, i.e., bed-hold.

Recipients residing in a nursing facility may be required to contribute to the cost of hospice services from their available income.

OFFICIAL

STATE OF NEW JERSEY

Obstetrical and Pediatric Reimbursement
in a Health Maintenance Organization (HMO) Setting

HMOs with a contract with the State Medicaid agency are paid a fixed capitation rate premium for services which include obstetrical and pediatric services. The premium rate is (a) calculated at a rate which shall be less than 100% of the calculated upper payment limit for the HMO service package for the actuarially equivalent population, and (b) consistent with efficiency, economy, and quality of care. The cost of all obstetrical and pediatric care is included in the agreed-upon capitation rate. The amount, duration and scope of obstetrical and pediatric services provided through the HMOs are the same as for the regular ~~M~~edicaid program.

APR 07 1997

TN 97-07 Approval Date

Supersedes TN 95-1 Effective Date 3-1-1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Services

OTHER SERVICES

Payment for all other services provided under this plan shall be based on a fixed fee schedule.

Payment for Part B co-insurance and deductible shall be paid only up to the Title XIX maximum allowable (less any other third party payments).

TN 98-18 Approval Date NOV 12 1998
Supersedes TN 95-1 Effective Date JUL 20 1998

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-INSTITUTIONAL SERVICES

This page intentionally left blank